



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute Regional Hospital

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 1073550133

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$193336093
Outpatient Patient Service Revenue	\$257125592
Total Gross Patient Service Revenue	\$450461685

2. Deductions From Revenue

Contractual Allowance	\$316181516
Other Deductions	\$42252881
Total Deductions	\$358434397

3. Total Operating Revenue

Net Patient Service Revenue	\$28547778
Other Operating Revenue	\$491554
Total Operating Revenue	\$29039332

4. Operating Expenses

Salaries and Wages	\$35639076	Employee Benefits	\$10620734
Depreciation and Amortization	\$4616666	Interest Expense	\$8871465
Bad Debt	\$6635807	Other Expenses	\$29480833
Total Operating Expenses	\$95864581		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22521059	Total Assets	\$63132207
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-174913979
Total Net Gains	\$22521059		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$215299462	\$175820554	\$39478908
Medicaid	\$37759147	\$35049205	\$2709942
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$225950854	\$147564638	\$78386216
Total	\$479009463	\$358434397	\$120575066

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$27000	\$-27000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$88149	\$-88149
Hospital Patients	\$0	\$7450	\$-7450
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	3000
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,782,757		
Subtotal	\$1782757	\$0	\$1782757
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$5509935	\$0	
Total	\$7292692	\$0	\$7292692

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9355	\$-9355
Community Assessment	\$0	\$35000	\$-35000
Provision of Taxes	\$0	\$9018864	\$-9018864
Other Allocations	\$0	\$0	\$0